California Health Policy and Data Advisory Commission
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Minutes
California Health Policy and Data Advisory Commission
October 16, 2006

The meeting was called to order by Vito Genna, Chair, at approximately 9:15 a.m., at the Portola Plaza Hotel in Monterey, California.

Present:	**Absent:**
Vito J. Genna, Chairperson	William Brien, MD
Marjorie Fine, MD	Sol Lizerbram, DO
Janet Greenfield, RN	Jerry Royer, MD, MBA
Howard L. Harris, PhD	Corinne Sanchez, Esq.
Josh Valdez, DBA	Kenneth M. Tiratira, MPA
William Weil, MD	

CHPDAC Staff: Kathleen Maestas, Acting Executive Director; Terrence Nolan, Office Manager

OSHPD Staff: David M. Carlisle, MD, PhD, Director; Elizabeth Wied, Chief Counsel; Teresa Smanio, Assistant Director, Legislation and Public Affairs; Michael Rodrian, Deputy Director, Healthcare Information Division; Joseph Parker, PhD, Health Quality and Analysis Division; Jonathan Teague, Manager, Healthcare Information Resources Center

Approval of Minutes: The minutes from the August 21, 2006 meeting were approved. The minutes referenced the last Technical Advisory Committee. The Chief Counsel asked that the Commission minutes be changed to reflect that the TAC did not have a quorum at the beginning of the meeting, and the time should be amended to reflect when there was a quorum.

Chair's Report: Vito Genna, Chair

Mr. Genna reported that letters have been sent to the associations to re-emphasize their involvement in recommending representatives for the Technical Advisory Committee. Many members of the TAC were appointed in the early 1990's, with the last appointment made in 2002. The purpose was to reaffirm that the members on the TAC still represent the organizations who nominated them. By statute, there are

designated slots represented by the organizations, which provided lists of six nominees, from which the Commission makes the selections.

The purpose of the TAC is to provide technical assistance for the production of OSHPD's outcome studies. The members do an excellent job looking at whether the studies are fair and meaningful.

Letters have been received from both Kaiser North and South relating to the release and content of the upcoming Community-Acquired Pneumonia study. Kaiser stated the study may be flawed because they suspect that their medical records personnel may have coded the source of admission incorrectly. Specifically, they may have coded some patients coming from Board and Care facilities as coming from home. Persons in Board and Care facilities generally are more frail, and have multiple diagnoses. OSHPD reports outliers of hospitals that are better than expected, hospitals in the middle, and worse than expected. Only patients that are admitted from home should be coded as having community-acquired pneumonia. Persons that acquire pneumonia while in the hospital acquire it because of a complication of a procedure or their basic illness and are not included in the study. There is also some screening, using codes to eliminate persons that have had recent prior hospitalizations and persons who did not have a primary diagnosis of community-acquired pneumonia, as one of the reasons for admission.

The Health Information and Public Information Committee discussed these letters at its September meeting. Several medical record administrators are included in the committee's membership and were in attendance during the discussion. This study is intended to prompt better practices and hospitals should be concerned about where they fall in the ratings.

Commissioner Fine suggested including a practicing emergency physician or an emergency room nurse on the TAC to interface with the researchers, someone with hands-on patient care.

OSHPD Report: David M. Carlisle, MD, PhD, Director, OSHPD

Dr. Carlisle reported that OSHPD offices will probably be moving to a new location sometime next year. The proposed site is a newer structure which would allow staff to creatively design space to be utilized most effectively. The site will move the information support system above the flood stage in Sacramento. The move will be made in two phases. The first phase will involve all OSHPD units except for the Facilities Development Division and Cal-Mortgage Division. The second phase will involve these two units.

Kurt Schaffer, formerly Deputy Director of the Facilities Development Division, has retired from State service. He has been replaced in an acting capacity by John Gillengarten, a structural engineer, who has been with OSHPD for the last five years. Gordon Oakley will be replacing Mr. Gillengarten and will head the Sacramento office in an acting capacity.

There has been significant attrition from State Government. As senior employees are retiring, there are excellent promotional opportunities. Smaller departments, such as OSHPD, are competing against larger departments that have more promotional streams. OSHPD employees are moving to large departments that have more long-term promotional opportunities. OSHPD is working aggressively to recruit and retain its senior staff. One thing that has helped with recruitment is the fact that OSHPD won the Workplace Excellence Leadership award last year.

Some of the ballot initiatives and term limits of legislators could significantly affect OSHPD. The tobacco tax initiative would place a large emphasis on the training of healthcare professionals in California. Critical legislators who have played a prominent role in health care and are terming out are Keith Richmond, Liz Figueroa, Jackie Speier, Deborah Ortiz and Dave Cox.

The Governor has publicly commented that he is trying to address healthcare and the uninsured problem in California, especially the affordability issue. Several consultants on healthcare have been brought on board to work in the Governor's Office. This is an ongoing effort involving several State Departments, including OSHPD.

Legislative Update: Teresa Smanio, Assistant Director, Legislation and Public Affairs

When the legislative session began, there were numerous bills that placed requirements on OSHPD. As the session progressed, many of the bills died, the role of OSHPD was amended out of the bills, or the role was significantly reduced.

AB 774, the charity bill, passed. The bill requires hospitals to have an easy-to-understand charity care policy to be given to patients. Each hospital is required to provide OSHPD with its policy which will be made available to the public. The intent is to reduce the financial hardship on the uninsured and under-insured. The policies should include discount payment policy, charity care policy, and eligibility procedures. OSHPD will place this information on the web, probably in a geographic way, and will be updated every other year by the hospitals. Department of Health Services was given the responsibility, through its licensing responsibility, of enforcing the provisions of the law. The law is effective January 1, 2007. Hospitals will have one year to submit their policies to OSHPD.

There are some restrictions on active debt collection and when it can be pursued, which will impact consumers. Patients usually do not benefit from charity care unless they ask about it from the provider. This bill places the onus on the hospitals to inform patients of the availability if a patient cannot pay or does not have insurance.

In anticipation of the requirements of the bill, the Health Data and Public Information Committee has scheduled a meeting for November 14 to discuss how OSHPD will collect the information. OSHPD has not decided if regulations will be needed to accomplish the goal.

AB 2754 (Chan): This controversial bill failed on the floor. It would have required facilities to adopt plans for adequate staffing as part of their State licensure. This would have placed a workload on OSHPD to conduct an analysis of the hospital facility's staffing. This will probably continue to be an issue, and it is expected that proposed legislation will again be introduced in the next session.

AB 739 will establish a hospital infectious disease program. OSHPD would have had a major role in the collection of all the risk-adjusted data, but this requirement was amended out of the bill. DHS will be implementing this bill and hospitals will report to them.

SB 1309 establishes new programs dealing with the nursing shortage, healthcare education, and other things. The OSHPD requirement to establish a healthcare workforce clearinghouse to collect and analyze the healthcare workforce educational data was amended out of the bill. The bill passed, but there will be clean-up legislation, working out the issues of the clearinghouse and funding.

SB 1638 (Figueroa) will create a midwife advisory council within the Medical Board. It will require licensed midwives to annually report to OSHPD on information regarding their practice for the previous year. This will capture data for midwifery assisted out-of-hospital births, estimated to be around two thousand. Most nurse midwives work in hospitals and birthing centers.

Several bills were passed relating to streamlining the plan review approval process in-house to expedite the approval process.

SB 162 (Ortiz) would create a new department to handle all public health issues. Healthcare coverage and Medi-Cal will be under the Department of Health Services.

Health Data and Public Information Committee Report: Howard L. Harris, Chair

The HDPIC discussed the Kaiser letters addressing the coding of data affecting the Community-Acquired Pneumonia report. After a lively discussion, the Committee made a recommendation to be considered by CHPDAC. The motion recommended that the letters from Kaiser be acknowledged and included as part of the report, but not to delay the publication of the report.

Dr. Parker gave some background information. This is the second Community-Acquired Pneumonia report. In October 2003, both Kaiser North and South submitted comment letters for inclusion in the first report which used 1999-2001 data. These comment letters stated the report was misleading and should not be released. The Kaiser South letter pointed out specifically that the Kaiser hospitals had incorrectly coded source of admission for many of their patients. The Kaiser North letter just mentioned incorrect coding of do-not-resuscitate (DNR).

The Discharge Data Section has chronicled coding events and educational outreach sessions since 1993 for coding of source of admission for discharges. HDPIC members were interested in knowing whether Kaiser was now coding source of admission

differently from when they first became aware of the problem in 2003. The worse than expected Kaiser Hospitals showed little or no evidence of change in coding. While HDPIC was sympathetic to the situation, they did not think it justified delay or withdrawal of the report. HDPIC suggested adding a paragraph to the executive summary acknowledging that some hospitals had argued the report results were invalid because of problems in coding "source of admission," and refer the reader to the comment letter section of the report. It should be noted that, if true, this might skew the performance ratings that they actually received. It should also be mentioned that SNF patients were nearly twice as likely to die as were admissions from home, but it was unclear if Board and Care residents were at as high a risk.

The Kaiser letters were received after the last TAC meeting. The reason that the letters were referred to the HDPIC for discussion is that there was not another TAC meeting scheduled before the publication of the report.

A motion was made, seconded and carried by the Commission to recommend that OSHPD release the report with the comment letters included in the appendix. One letter from Kaiser South will be included in the appendix because it was received before the deadline. The executive summary should not mention that letters had been received, and that the report was thought to be flawed. The letters from Kaiser received after the 60-day review deadline will not be included.

There is a preface summary before the comment letters, which responds to the issues brought up in the comment letters, and will address the fact that there have been several years to address the coding problems and that some of the patients were possibly sicker because of the errors in coding source of admission.

A presentation was given to the HDPIC on the proposed Perspectives in Healthcare report. The overall structure of the report was discussed, with the kind of information that it contains together with geographical detail, and the likely audience for this information. The report is targeted to local healthcare policymakers, healthcare providers, community planners and officials. It contains economic, demographic, and population-based health data and gives a statewide profile and similar individual profiles for each of the 58 counties.

This version of Perspectives contains 2004 data, using several of OSHPD's databases. The report contains summary information, and is voluminous, so OSHPD does not intend to print it, but will make it available in electronic format.

The HDPIC discussion focused on the value of the report and the need to make it broadly available to the public, particularly targeted audience of community leaders, local planners, and decision-makers. Committee members suggested that a printed, hardcopy announcement of the report be distributed, noting the availability of the report on CD-ROM and the OSHPD website. The Committee recommends that, in some cases, individuals or organizations known to be interested in this data be provided with both the printed announcement and copy of the CD-ROM to spark interest.

There was some discussion as to the scope of distribution. Suggested recipients include depository libraries, organizations such as the California State Association of Counties, county governments, and State legislators.

HDPIC members were aware of the expense and staff effort required to produce and distribute hardcopies of the reports. After some discussion, a motion was made, seconded and carried that county-specific data be printed with a CD; that major media receive the CD; depository libraries would receive a full print and a CD; CMA and CHA receive a CD; and legislators receive their counties and a CD.

Healthcare Information Division Report: Michael Rodrian, Deputy Director

The HDPIC discussed the Bindman report on additional data elements. The report is being discussed with the associations, in concert with national efforts to standardize and collect data. The idea is to boost health information technology and the ability to report information to providers, policymakers, and others.

The Commission discussed how to define data elements to allow some items to be counted as a single element rather than several elements. If taking demographics for occupation, do not collect "retired" but collect primary occupation. It was suggested that staff ask Dr. Bindman why he included both BUN and creatinine, but did not include glucose.

The Bindman report brings up other issues where input from CHPDAC committees will be valuable.

There was some discussion around the contract for the maternal and child outcomes report. About nine months ago, OSHPD was dissatisfied with the progress made by the contractor. Since that time, monthly meetings have been held with the contractor and there has been some progress made. The data used in the proposed report is old and will be updated with newer data. Recently, the contractor was involved in a bicycle/car accident and was hospitalized for several days with injuries. The validation report has been received and OSHPD is awaiting the public report on maternal and child outcomes. The contractor is still working under the original contract.

Review of CHPDAC Committees: Vito Genna, Chair

The Committee to Advance Patient Privacy and Care has not met for several years. The CAPPAC was formed before HIPAA was enacted, with a goal to promote the responsible use of electronic medical records, and improve and advance patient privacy and quality of care. After HIPAA was implemented and the CAPPAC made its recommendations to CHPDAC, the committee stopped meeting. Since the committee is still formally on the books, it was suggested that it be disbanded.

A motion was made, seconded and carried to formally disband the CAPPAC. The committee and Commission has always been concerned about privacy and confidentiality, and quality of care and has made it part of its charge to see that patient care data are protected.

The Technical Advisory Committee that guides the outcome reports is in statute.

The Health Data and Public Information Committee is not in statute. Members are appointed by the Commission Chair. Previously, there was a Public Information Committee and a separate Data Committee. Because of the overlap between the two committees, they were combined into one committee.

The HDPIC serves as an advisory committee to the Commission to provide additional technical expertise on public information disclosure related to items of data collection and dissemination of programs that are within the Data Act. The HDPIC advises the Commission, which, in turn, advises OSHPD. Advising on the dissemination of outcome reports is not part of the original charge. It is up to the Commission Chair and the Director of OSHPD as to advice on dissemination of outcome reports.

HDPIC is composed of technical persons from the industry, who are more involved with operations than the Commissioners. The Public Information Committee focus was that information be presented for consumption by the lay public as much as possible, as well as by researchers. The HDPIC, as now structured, has some of the members who served on the Public Information Committee.

Future Meeting:

The next meeting will be held on Friday, December 8, 2006 in San Francisco. The annual dinner will be held on Thursday, December 7.

Other Business:

Dr. Weil mentioned an article that appeared in the Los Angeles Times newspaper on Supreme Court Justice Earl Warren, grandfather of Commissioner William Brien.

Adjournment:

The meeting adjourned at approximately 12:45 p.m.